

**AUTHORIZATION FOR DIRECT DEPOSIT OF CITY OF HIALEAH
EMPLOYEES' RETIREMENT PENSION PAYMENTS**

RECIPIENT TO COMPLETE ITEMS A THROUGH H

I, _____ authorize and request the Hialeah Employees' Retirement Board to direct the net amount of my employee retirement benefit payments for crediting to my account indicated at the bank/institution designated below. This authorization is not an assignment of my right to receive payment, but revokes all prior payment direction notifications applicable to these payments. I understand that the bank/institution designated reserves the right to cancel this agreement by written notice of me; however, this authorization will remain in effect with the City of Hialeah Employees' Retirement System until canceled by written notice from me.

B. Pensioner's SS Number

C. Mailing Address of Pensioner

D. Telephone Number

E. Name of Bank/Institution

F. Address of Bank/Institution

Acct. # _____

C

Routing # _____

G. Name and Number of Depositor Account to be Credited

Enter C if Checking, S if Savings

In the event of my death, I have informed my spouse and/or beneficiary to notify the Retirement Office immediately, I further agree to notify this office of any changes made to my account with ample time to allow for the normal process of Direct Deposit.

H. Signature of Pensioner

Date

(IMPORTANT: After this authorization form has been completed by the pensioner and filed with the City Employees' Retirement System, direct payments to the bank/institution will begin in approximately two payroll cycles).

In order to process this application a **"VOIDED"** check (if checking account), must be included with this application.